

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006090

AMENDED

Registration District No. 274

Primary Registration District No. 2052

Registrar's No. 45

STATE FILE NUMBER

FILED VS FEB 20 1961

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Green RidgeLength of stay in lb
32 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pettis

c. CITY OR TOWN Green Ridge

Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION At HomeInside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
Main StreetReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
RossMiddle
AlleyLast
STARK

4. DATE OF DEATH

Month Day Year
Feb. 12, 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Mar. 28, 1887

9. AGE (last birthday)

73

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Editor

10b. KIND OF BUSINESS OR INDUSTRY

Editor of Newspaper

11. BIRTHPLACE (City and state or country)

Grant City, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Calvin Stark

13b. MOTHER'S MAIDEN NAME

Elizabeth Shook

14. NAME OF HUSBAND OR WIFE

Mrs. Rose O. Stark

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) Yes

(If yes, give war or dates of service)
World War #1

17. INFORMANT

Address

Mrs. Rose O. Stark Green Ridge, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Apoplexy

INTERVAL BETWEEN ONSET AND DEATH

24 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive Vascular disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 28, 1960, to Feb. 12, 1961 and last saw him alive on Feb. 12, 1961
Death occurred at 11:55 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H. A. Hite

M.D.

22b. ADDRESS

Green Ridge, Mo.

22c. DATE SIGNED

2-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 14, 1961

23c. NAME OF CEMETERY OR CREMATORY

Green Ridge

23d. LOCATION (City, town, or county)

Green Ridge, Mo.

(State)

24. FUNERAL DIRECTOR

Glen E. Heck

ADDRESS

Funeral Home Green Ridge Mo.

25. DATE RECD. BY LOCAL REG.

2-14-1961

26. REGISTRAR'S SIGNATURE

Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1961

MAY 5 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Glen S. Heck

Licensed Embalmer No. 4863

P. O. Address Green Ridge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.